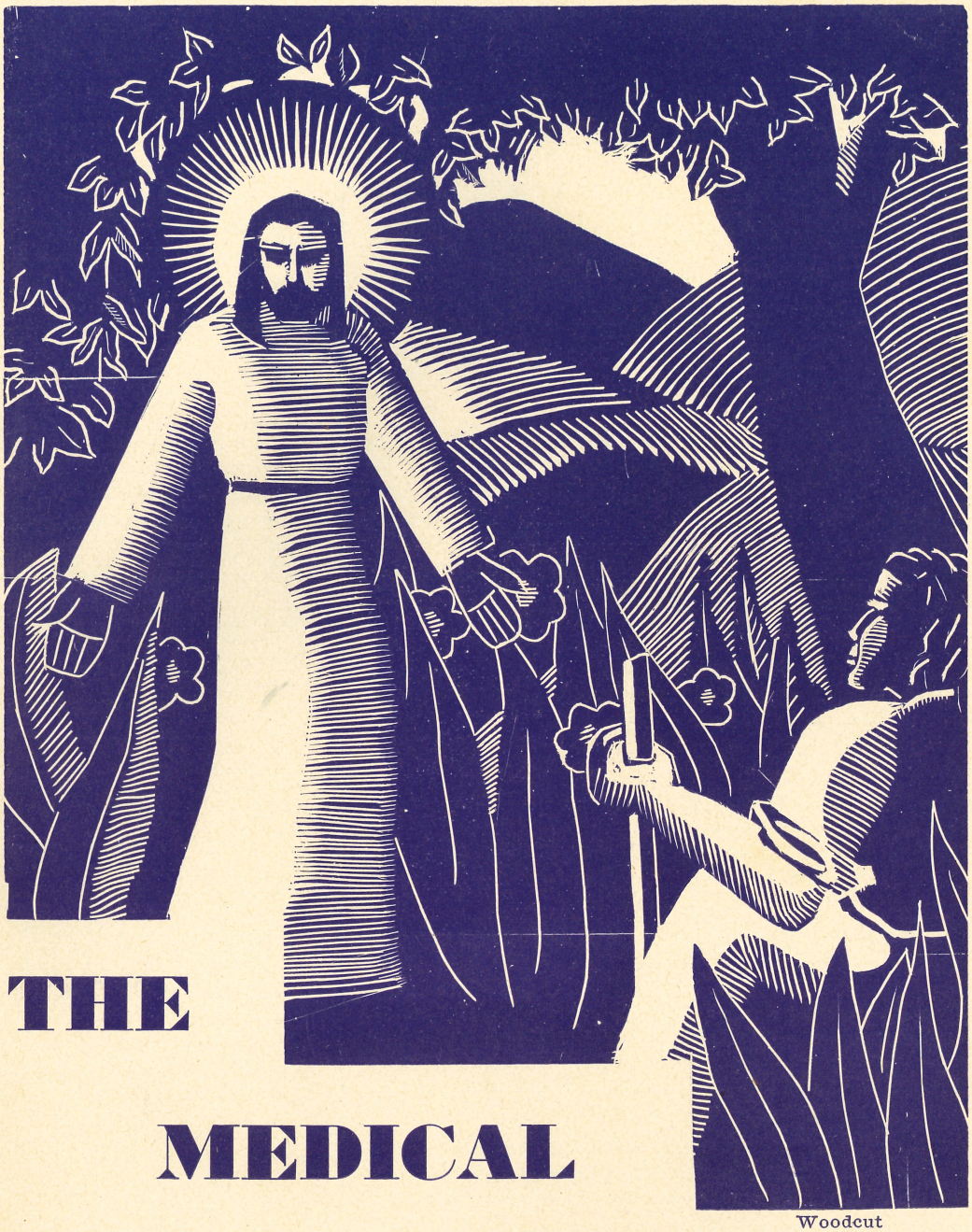

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THE MEDICAL MISSIONARY

VOL. XV APRIL, 1941 NO. 4

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"MSGR. WAGNER . . . had labored for twenty-six years in this predominantly Mohammedan mission, and all those years had never seen nor spoken to a Mohammedan lady, as the law of seclusion . . . is strictly enforced in these regions." That is why Holy Family Hospital was begun: Its history—and prospects—are recounted by Doctor Dengel.

PROFESSOR OF BIOLOGY at St. Ambrose College, Davenport, Iowa; M.A. from Catholic University; Ph.D. from Iowa University; author of the textbook "Biology," for Catholic Colleges—and research worker at Iowa Lakeside Laboratory—all this is Msgr. Hauber, who contributes "Men of Science Know . . ."

"LAMBS WHEN the Church bell sounds; lions at the Trumpet's blast." Thus were characterized the Knights Hospitallers of Saint John of Jerusalem, founded in the latter half of the eleventh century for the care of the needy sick, but who early found it necessary to defend their hospitals and patients against the enemies of the Faith—and thus became the first organized military medical officers. The Order is still in active existence—our present Holy Father is one of its members-

"ALL DEEPENED LIFE is deepened suffering, deepened dreariness, deepened joy. The final note of religion is joy." Father Ehmann writes this month on the parable of the Good Samaritan.

COMPLEMENTING DR. DENGEL'S HISTORY of the Rawalpindi Hospital, comes the annual report of the work done in our Medical Mission outpost during the last twelve months.

"ONE CAN EXPLAIN the remarkable progress of Buddhism in the Orient only by the avidity of human nature to admire and see the practical value of natural virtues, and by the supposition that the people of these extensive territories had fallen to a sufficiently low level of materialism to be satisfied with a code of ethics devoid of relation to a Supreme Being—and prey to the pessimism of 'ennui de vie'." Members of the Apostleship of Prayer League are asked by the Holy Father to pray this month for the conversion of the Buddhists.

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SISTER M. TIMOTHY, S.C.M.M.
Editor

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The Society of Catholic Medical Missionaries is a religious community of women founded in 1925 for the purpose of providing medical care to the sick in the foreign missions.

The Motherhouse and Novitiate are located in Fox Chase, Philadelphia, Pa. There is also a House of Studies in Brookland, Washington, D. C., and Houses of Postulate in England and Holland.

At present the Society labors in India, where the Sisters conduct hospitals, dispensaries, maternity, and child welfare centers, training schools for native nurses and midwives, and similar health activities. It is the purpose of the Society to send Medical Missionaries to any mission field of the world. The Society has many requests; it needs many vocations.

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"Charity Never Falleth Away - - - "

Recently I visited an old friend, a venerable professor of four score years, who never fails to season his conversation with a spice of wisdom, the taste of which is not easily forgotten.

On this occasion, after the usual preliminary remarks, he mentioned that he had just recently emerged from a stay of twenty-four days in a hospital that had cost him five hundred and some odd dollars, and while he stressed the figure, he stressed, too, the moderateness of the bill for the service rendered, which included three shifts of nurses.

After a pause, his philosophic mind made a sudden jump to the subject of charity. Perhaps he recalled in the interim the years of his youth when hospitals were not so good and bills not so high, when the milk of human kindness was not yet pasteurized and vitaminized by the costly processes of science! The uttered sum total of his conclusions was an apparently disconnected "discourse" on charity.

"Charity," he said of a sudden, "has fallen into bad repute. Nobody wants charity. People want their rights—but they do not want charity."

It was easy to agree, for it is all too well known that charity in our day and age has not a pleasant odor; it is hard to accept, and hard to bestow. An expert versed in economics, sociology, and theology could no doubt give the why and wherefore of the learned professor's thought-provoking statement. In a brief and perhaps too simple a way to be satisfying, one may figure it out in this manner: Charity is the love of neighbor for God's sake. To render charity, therefore, requires love of God.

If I should distribute all my goods to feed the poor, and if I should deliver my body to be burned, and have not charity, it profiteth me nothing.

Charity is patient, is kind: charity envieth not, dealeth not perversely; is not puffed up;

Is not ambitious, seeketh not her own, is not provoked to anger, thinketh no evil;

Rejoiceth not in iniquity, but rejoiceth with the truth;

Beareth all things, believeth all things, hopeth all things, endureth all things.

Charity never falleth away.

Those devoid of love of God can neither give charity—nor take it.

Christ Himself in the hour of mental and physical suffering gave His creatures the opportunity to render Him service. On the "via crucis" to Golgotha, He allowed His Mother to see Him in His ignominy and distress. It must have been a strengthening encounter.

Then, rather than succumb to the weight of the cross, He submitted to share the load with the not-too-willing Cyrenean. And instead of stoically disdaining the cleansing and soothing comfort of the linen cloth held out to Him by the brave Veronica, He accepted it. As a testimony of His appreciation, He even left the imprint of His blood-stained countenance on it, to be seen by succeeding generations.

Christ was not ashamed to be consoled, to be supported, to be releived in His innocent sufferings. What is most astounding about the example of charity Christ gave, are not only the deeds of love for those whom He encountered, but His acceptance of them from His creatures.

It is more blessed to give than to receive; and it is easier to be the bestower than the recipient of charity. The sick, the handicapped, the helpless, all those who for some reason or other are not able to fight the battle of life for themselves, will always fare well if they are looked after for the love of God. If they in turn love God, they will thank Him for His Providence, and accept simply and gratefully whatever care is bestowed on them.

To accept something given to God for man's sake is not humiliating.

DR. AGNES McLAREN

"It Started Like This - - -"

by
ANNA DENGEL, S.C.M.M., M.D.

The background—and prospects of Holy Family Hospital in Rawalpindi, India

Three decades ago an apparently insignificant event took place in the most northern province of India, when Msgr. Wagner, Prefect Apostolic of Kashmir and Kafristan, opened a very small Catholic hospital for women and children in the city of Rawalpindi. He had labored for twenty-six years in this predominantly Mohammedan mission, and all those years had never seen nor spoken to a Mohammedan lady, as the law of seclusion and the veiling of women were strictly enforced in these regions.

It had come to his notice that in other parts of India the Protestants were able to reach and help these women in their many physical sufferings in "zenana" hospitals—that is, hospitals exclusively for women and children, staffed entirely by women who were doctors, pharmacists, and nurses. The need and the success of these hospitals became so evident that the different Protestant denominations made them a major mission project. In the Catholic Missions, on the other hand, there were a number of dispensaries but less than half a dozen hospitals. These few were located in the south, where Catholicity had been at home for many centuries.

To carry the project out single-handed would probably have meant mere wishful thinking. As it was a problem of providing medical care by women, for women, it required a woman doctor to instill the necessary life-blood into the whole plan.

In the designs of Providence, Dr. Agnes McLaren was the person to fulfill this task. She was well fitted for it. Endowed with sympathy for all women's causes, with directness and sincerity of purpose, and with professional training in addition, this convert from Scotch Presbyterianism, familiar with the work of Protestant medical missions, of her own accord inquired into the provision for medical assistance to women given by Catholic missions in India. Through this search, she met Msgr. Wagner, who then happened to be home in Mill Hill, London. As a result, plans matured. Dr. McLaren, it was decided, was to supply the means of maintenance by enlisting interest and help, and Msgr. Wagner returned to India, where he soon acquired a small bungalow which was to be the nucleus of the work.

After some alterations and adaptations, about ten beds, an operating room, and a dispensary could be accommodated. The most important part of all was that the Franciscan Missionaries of Mary consented to give four pioneers to the work of the dispensary and miniature hospital. The services of a woman doctor were secured for one year. When the term was up and it was impossible to find anyone to replace her, Dr. McLaren herself went to India (at the age of seventy-two) to see what could be done! On her way to the north, she called on several bishops and archbishops, who each wanted her to establish a hospital in his diocese!

As a result of consultations with these Ordinaries and with Msgr. Wagner in Rawalpindi, where she remained some time to get a real insight into problems, she came to the conclusion that as far as Catholic missions were concerned, for reasons of charity, stability, and economy, the solution of the problem of providing skilled medical care for the women and children of India was to enlist religious who were doctors, nurses, etc.

The question of nurses did not present any special difficulty from the point of view of canon law, except that sisters with public vows were not allowed to do obstetrical work—one of the greatest needs and one of the greatest charities, too, in the missions. As regards doctors, there were none available in the ranks of the sisterhoods, and, moreover, the study and practice of medicine in its full scope was not permitted to religious. So—what to do?

To Dr. McLaren, the need and the charity were the thing! Obstacles did not count. Armed with letters from Indian bishops showing the need for women's hospitals and expressing the opinion that the staffing would be feasible through sisters who were doctors and nurses, she returned to Europe and searched for a community which would allow young nuns to

study medicine for the purpose of working in the missions. Having found one after a long search, she went to Rome to obtain the necessary permission.

Pope Pius X was sympathetic, and so were several high church dignitaries—but while the petition was not refused, it was not granted, either, in spite of Dr. McLaren's five journeys to Rome in the interests of the same quest.

In the meantime, the medical mission in Rawalpindi functioned as a dispensary, and only on and off a doctor was available. And as Dr. McLaren saw no immediate chance of sisters becoming doctors, she interested lay women in the study of medicine for the purpose. As a result, the writer took it up and eventually went to India in 1920. Dr. McLaren had died in 1913, but her efforts, while not immediately successful, were eventually crowned with more widespread effects than she would have dared to anticipate.*

In 1920, the Franciscan Missionaries of Mary were still in charge in Rawalpindi. They had "held on" heroically for ten long, discouraging years of poverty and lack of trained staff such as is required for a hospital for women and children. For instance, sisters then were not allowed to even assist at obstetrical work. With the presence of a doctor at the hospital, the work grew, but it had no chance of developing into a real hospital until there was an assurance of continuity of a trained staff of sisters, who were doctors, nurses, obstetricians, pharmacists, etc.

It became quite evident to the writer that this need was not only local, but widespread over the whole of India and the mission fields in general, and that it presented priceless opportunities of charity and of demonstration of Catholic life and practices to sophisticated and primitive non-Christians alike. This led the writer to come to the United States sixteen years ago—hoping that the knowledge of the suffering of the women and children would arouse sympathy and help.

Her expectations were not disappointed. To make a long story short, a new religious community, with the purpose of providing skilled medical care to the sick in the missions, came into being in 1925—the Society of Catholic Medical Missionaries. Its origin was in India, but it was founded in Washington, D. C.

Many factors combined to make its establishment possible. His Excellency, Archbishop Michael J. Curley, gave the necessary permission, and the Holy Cross Fathers helped with the foundation and provided spiritual care. Young women, attracted by this apostolate, offered themselves.

In December, 1927, a new hospital for women and children had arisen in Rawalpindi, thanks to the charity of many. It was blessed by Archbishop Mooney, then Apostolic Delegate to India. Though small, it had the germ of a real hospital, because the pioneer staff consisted of three women who, in addition to the ideal of charity and self-sacrifice, possessed the "sine qua non" of present-day hospital requirements — professional training and skill. They were Joanna Lyons, M.D., a graduate of the University of Chicago; Sister M. Laetitia, R.N., a graduate of Bellevue Hospital, New York; and Sister Agnes Marie, R.N., a graduate of Mercy Hospital, Dubuque, Iowa.

The hospital opened its doors to a group of sightseers on February 2, 1928, and likewise to the first patient—a mother awaiting her first child.

Since then the staff, the accommodation, the number of patients, and Indian sisters and lay nurses in training, have increased in step-like fashion. The history of the twelve years of the new hospital, would make a thrilling story of suffering relieved, of souls and lives saved, of the tragedy and comedy of human life amid a people whose religious beliefs and customs are different from ours, yet whose aspirations for happiness and goodness are the same.

MSGR. WAGNER, MILL HILL

During the twelve years, forces of destruction have not been wanting. In the beginning, when the hospital was being built, as much of the wall as rose by day, was torn down during the night, and a neighbor had a picture of a devil painted on his house to protect it from the evil spirits of disease. After a flourishing period, the hospital came to a short standstill, which time was used in faith to enlarge it from a thirty to a sixty-bed capacity. The subsequent expansion of the work has continued until, with the 1940 report, the plea comes for a hundred-bed hospital!

The plan for a hundred-bed hospital is not new. The need of it was foreseen several years ago, but the necessity for a Motherhouse delayed concentration on it. A mission hospital in a young society like ours cannot become a reality without concentrated energy. We have other irons in the fire (for instance, the Patna hospital), but we leave those to be "handled" by friends specifically interested—at least, until the hundred-bed hospital for women and children in Rawalpindi is a reality.

Fortunately building is less expensive in India than in America, but nevertheless, with the necessary land—a costly item in a highly populated area—and equipment,

* See Instruction on health work in the missions, issued by the Sacred Congregation of Propaganda Fide, February 11, 1936.

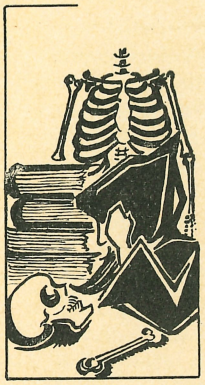
a hundred-bed hospital may be estimated to cost $100,000. This will include a chapel, operating rooms, laboratories, X-ray department, labor rooms, nursery, wards, private rooms, offices—in short, a hospital that will accommodate one hundred patients.

If one hundred benefactors would give $1,000 each, the problem would be solved.

No doubt there would be one hundred benefactors to whom this would appeal, especially as a gift in memory of a relative or a friend, but as our contacts are few, we cannot hope to get the hospital by such a short cut. The alternative is to divide each unit of $1,000 into sub-units of smaller amounts.

As the work has been placed under the patronage of the Holy Family, it is in the name of Jesus, Mary and Joseph that we appeal for the necessary means to build this up-to-date, 100-bed hospital for women and children in Rawalpindi on the solid foundation stone of thirty years of spade work!

Men of Science Know That - - -



by

Rt. Rev. Msgr.
U. A. Hauber
M.A., Ph.D.

. . . cats don't bark. But they seem "convinced, somehow, that religion is unreasonable, and their conviction leads them into a terrible dilemma." Which gives the Catholic pedagogue an opportunity to be a missionary, too!

A Catholic scientist who mingles with his non-Catholic co-workers has many an interesting story to tell about the religious ideas of the latter. Nowhere is this more strikingly true than in the Summer biological research stations a score or more of which are found in the land. In these out-of-door places at the seaside, on the mountains, in the woods, scientific men and women gather for two or three months each year to investigate the details of God's most remarkable creatures, the living things of earth, air and water. And the present writer found the investigators themselves as remarkable as the vital phenomena of the plants and animals they investigate.

Assembled at such a laboratory are men and women who rank well above the average in the practice of the natural virtues. They are serious-minded, sober, enthusiastic and hard-working biologists, most of them quite sociable, normally with a sense of humor, tolerant of contrary opinions and, of course, highly competent in their special fields. They are given to quite simple types of recreational activities such as tennis, pingpong, horseshoe, picnics, and the like. Some of them smoke, but no one swears or drinks or loses his temper or speaks ill of his neighbor. The moral and social atmosphere about the station is wholesome, cheerful and stimulating.

The remarkable thing is that, while such a group of scientific workers constitutes a splendid family of well-behaved children, they are children who seem totally unaware of the presence in their midst of the common Father of them all. They accept God's natural gifts with no outward sign of gratitude. They voice their wonder at the marvels of creation but scarcely recognize the Creator who is the source of all wonders. They enjoy the exuberance of life as do the birds of the air, the fishes of the water, or the ubiquitous and cunning little gophers that, like them, observe even as they are being observed. In all this the investigators behave as part of the nature they are investigating; they do not rise above it. While life is theirs they live with scarcely a thought of what comes after. They are naturalists in a two-fold sense.

Should one of them read this mild indictment it would scarcely disturb him, at least not outwardly. His comment would likely be: "Well, what is the matter with that kind of an outlook on life? After all we can know nothing for certain about the supernatural; that is evident from the rather violent disagreements among professional clergymen themselves." Casual remarks to this effect are sometimes heard; but they are spoken by the way, as it were, and lack the ring of conviction. The one who makes the remark may think that he is telling the truth but he quite definitely would prefer to have it otherwise. The biologist feels, as does everyone, the need of something more than the things that naturalism has to offer if the yearnings of his human soul are to be satisfied. This is all the more true because the student of natural life is always face to face with the phenomena of suffering and death so that he cannot forget that he himself is mortal. No thinking person, not even the cynic, can face with composure the prospect of his own personal annihilation.

Biologists, of all men, are not inclined toward cynicism; they would like to have faith in a life beyond. They feel, however, that they cannot indulge in such a luxury without being traitors to the cause they represent, namely, the cause of science; for, by some strange twist of group psychology among modern thinkers, science stands for the validity of human reason, and religion is the outright negation of that reason. Scientific men are convinced, somehow, that religion is unreasonable, and their conviction leads them into a terrible dilemma. Logically for them science is the only vehicle of truth and hence the only religion they have; actually it cannot function as a religion at all, because it is a cold, lifeless thing that does not satisfy the spirit. Indeed, whenever the scientist takes his science seriously as something ultimate he must end in spiritual despair.

That this is not an overstatement of the facts can be verified by anyone who has talked seriously with such men. One young man is amazed to learn that a Catholic priest actually has earned a Ph. D. in biology at one of the state universities. To him it is as if black had turned white without changing color. A venerable professor of geology, in all seriousness and with the best of intentions, congratulates the priest-scientist on the fact that he has turned away from outworn religious dogmas, and joined the company of the enlightened ones; and he approves of the strategy of retaining one's clerical garb in order that one may not be anathematized by one's former "constituents." This man's conviction of the irreconcilability of science and religion is so absolute that it never occurs to him that one and the same person may simultaneously be a sincere priest and a good scientist.

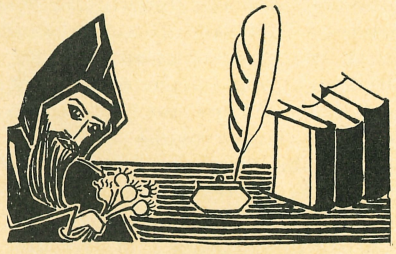
To the Catholic observer this state of affairs is truly distressing. In the minds of these fellowmen of his belief in God and faith in a hereafter are the fossil remnants of outworn creeds and ancient superstitions; but, as a matter of fact, these same men are themselves held in the grip of the modern master superstition, that is to say, the vague dread of all things supernatural. The irreligious man is usually superstitious, and the modern scientific agnostic is no exception. His unreasoned fear of theology and religious dogma is a superstition that has an all-time record in the havoc it works on the spirit of man.

And what can be done about it? It seems to me that the Catholic Medical Missionary movement, as conducted today, has an answer to the modern scientist's dilemma. In this movement modern science cooperates with the old religion in a manner that may well astound the most progressive scientist, and perhaps, on the other hand, bring a jolt to many a conservative churchman. The multitudes of India and China have a hard life; they suffer physically because they are ignorant of the art of healing; and they suffer spiritually because they are even more ignorant of the meaning and purpose of life. And so it is that trained men and women go to these foreign lands to do two things: to alleviate physical suffering by means of up-to-date scientific methods; and to bring spiritual food to souls that hunger for a knowledge of our common Father.

In our own beloved America physical pain, thanks to scientific progress, has been reduced to a minimum. But, for all practical purposes more than half our population is pagan, and spiritually the American pagans suffer more than those of Asia because, being educated, they have more capacity for experiencing the things of the spirit. Moreover, Americans are sophisticated pagans who hold themselves aloof equally from the superstitions of Asia and the Christianity that was once Europe's. They profess no religion at all except possibly that of modern science, a form of worship which serves the body while it starves the soul.

What can we do about it? Well, here is a mission field at our very doors calling for specially trained workers, workers who can think the thoughts and speak the language of modern science. Such workers should be trained and sent out to bring the good tidings of the gospel to that large group of educated American men and women who, through no conscious fault of their own, are living in the cold and hopeless atmosphere of a godless science. They are our neighbors, good neighbors, and they want what we have more keenly than we or they realize. Scientists are by profession seekers of truth; it is our task, our privilege, and our duty in charity, to aid them in their search.

A final comment. These scientific workers are the teachers of our youth. They will not only themselves be the recipients of the gift of faith that God may grant them as a result of our efforts; they will automatically become dispensers of that gift to multitudes of others, so that our labors in their behalf will bear fruit a hundred fold.



April Mission Intention

The Conversion of the Buddhists

Is it accidental or intentional that the month of April, with its Easter message of resurrection from death to life eternal, has been chosen by the Holy Father as a time of special prayer for the conversion of Buddhists, whose goal is to reach a state—not where there is no more death, but rather, where there is no more life!

As one follows the path of Buddhism from India, its land of birth—where it was absorbed into Hinduism — to Ceylon, Burma, Thailand, China, Tibet, Manchuria, Korea, Siberia, and Japan (which took twelve centuries to reach), one can explain its remarkable progress only by the avidity of human nature to admire and see the practical value of natural virtues, and by the supposition that the people of these extensive territories had fallen to a sufficiently low level of materialism to be satisfied with a code of ethics devoid of relation to a Supreme Being—and prey to the pessimism of "ennui de vie."

Buddhism as conceived by its founder under the fig tree in Buddh-Gaya near Patna six centuries before Christ, is a purely atheistic humanitarianism, with a code of morals higher, perhaps, than any other pagan philosophy has conceived. Its three outstanding characteristics are atheism, transmigration of the soul, and absence of caste. The last was, no doubt, a reaction to Brahmanism.

The total extinction of being, personality and consciousness is the main aspiration. It is "Nirvana" and is reached by the search for knowledge, the avoidance of falsehood, theft, murder, drunkenness, unchastity, hypocrisy, anger, pride, suspicion, greediness, gossipping, and cruelty to animals. Reverence for parents, care of children, submission to authority, gratitude, moderation in time of prosperity, submission in time of trial, forgiveness of insults, not returning evil for evil, and equanimity at all times, were precepts laid down in the sacred books.

All this rigorous self-discipline was to be carried on through an indefinite number of earthly lives, spent in the holy path of universal charity, boundless love and compassion for all living things. And it was to be achieved by man's own strength. To Buddha, there was no God to ask for help. Man was obliged to work out his own salvation in a universe of which cause and effect were the rulers. An act done produces effects which must go on until the force of the original deed is spent. Every sin brings its evil consequences, and these must be lived out in life.

In this sense, life is a punishment. The sins committed in one body live again in another. The soul does not die with the body, but lives again and again, until desire is dead and the evil "karma" has disappeared. Then desire, and with it life and sorrow, cease, and the soul is at peace. No God or demon can change this inexorable claim of causation. The salvation of the individual must be worked out by himself alone. There is no room for God—no room for prayer. To the Buddhist the word, "salvation," means that the results of sin have lost their force and that consequently personality, consciousness and life vanish, and his finite being is reabsorbed into the infinite: He becomes a Buddha.

To us it would seem that the Buddhists would be eager to adopt a religion of hope and life—but no doubt a large volume of inertia has to be overcome before they allow themselves to be incorporated in the Mystical Body of Christ, to participate in His life.

—ANNA DENGEL, S.C.M.M., M.D.

Please pray for the repose of the souls of:

Rt. Rev. Msgr. C. F. Thomas, Washington, D.C.
Rev. James H. Killian, Bridgeport, Conn.
Rev. Albert Whelan, S.J., New York, N. Y.
Mother St. Clare, Philadelphia, Pa.
Mother Edmunda, Philadelphia, Pa.
Mother Bernadine, R.G.S., Philadelphia, Pa.
Mother M. Ludmilla, Glenriddle, Pa.
Sister M. Silvanus, West Hartford, Conn.
Sister M. Francis Xavier, Hartford, Conn.
Mary A. Mulcahy, Waterbury, Conn.
Mrs. M. Hickey, Brooklyn, N. Y.
George Pellegrin, Omaha, Neb.
Robert Regan, New Haven, Conn.

In Memoriam

Rt. Rev. Msgr. Cornelius F. Thomas

In the full life of Msgr. Cornelius F. Thomas, his part in the building up of our Society is a mere incident. To us, however, it is more.

Sixteen years ago, when there was question of the foundation of our Society, Monsignor Thomas, then being the Archbishop's representative for religious communities of women in Washington, had to be consulted. The Rev. Michael A. Mathis, C.S.C., sought his advice on the plan and on the tentative constitutions, and he recommended that they be presented to His Excellency, Archbishop Michael J. Curley, for approval. Monsignor Thomas, already advanced in years, was not afraid of a new venture such as our Society: He called it "a holy experiment"!

Msgr. Thomas kept an eye on "the holy experiment," and from time to time showed in his laconic way that he was glad he had not nipped it in the bud.

HOLY FAMILY HOSPITAL

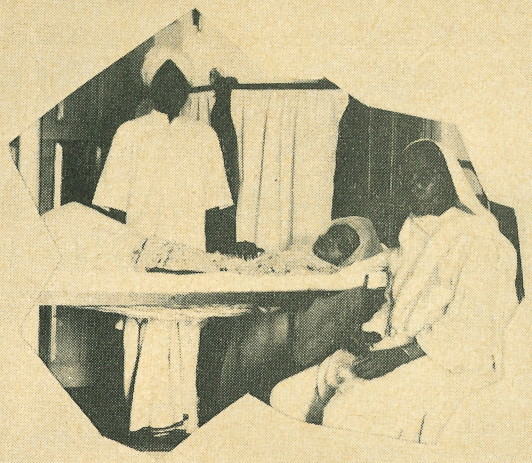
Medical Mission Balance Sheet

ANNUAL REPORT FROM HOLY FAMILY HOSPITAL, RAWALPINDI, INDIA

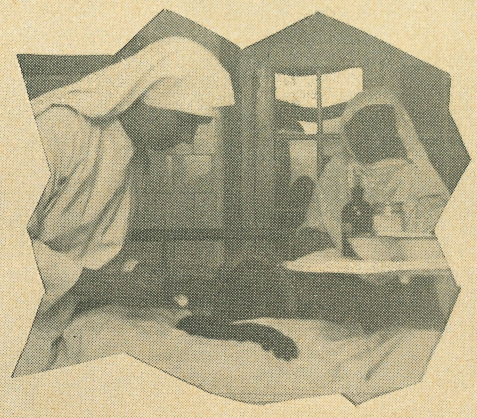
JANUARY, 1940 — JANUARY, 1941

Here is summed up the work of the Medical Missionaries in their pioneer outpost in North India—the record of the 60-bed mission hospital which is creaking now under the influx of patients and clamoring to be increased to 100-bed capacity; of the dispensary which has stood like a pebble—but a very valiant pebble—in the flood of suffering and neglect; of the Maternity and Child Welfare Center with its tentacles of home visiting.

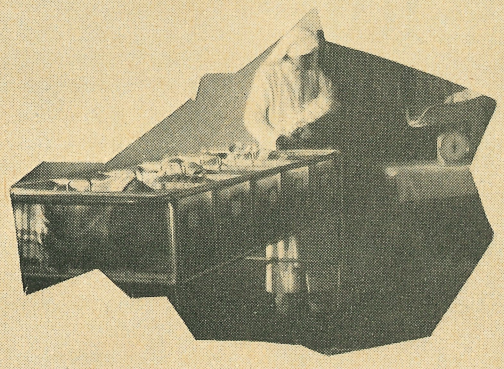
The need is great.



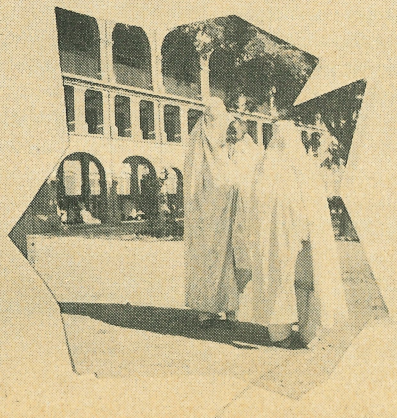
During the past twelve months Holy Family Hospital has cared for 1,530 in-patients, the largest number in the history of the hospital. Note the simplicity of the bed: "Beauty Rest Mattresses" would be superfluous with the temperature hovering around 115°; the Indians have solved the problem by using string beds, called "charpoys." The woman at the bedside is a relative who will remain with the patient during her stay in the hospital, to prepare her food and administer medicines in the case of those who may not eat food that is prepared by those outside their own caste. The husbands are frequent visitors, with a bland disregard for "hospital hours."



There were 71 major operations during the year, and 522 minor operations. The picture shows Dr. Helen Lalinsky, S.C.M.M., treating a gangrenous hand, which had become infected after being bandaged too tightly and then neglected. A great proportion of these minor operations are necessitated by the neglect of simple sores and wounds, or of application of such remedies as poultices of cow-dung.

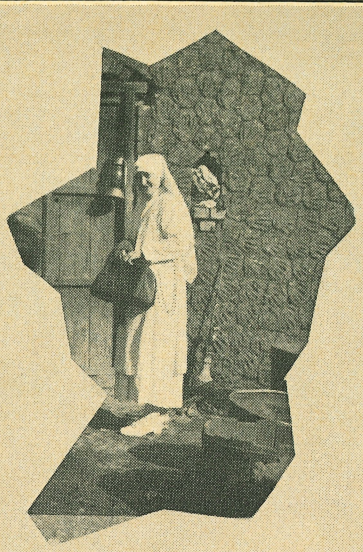


There were 303 babies born in the hospital, again setting a new record. And it is a "full house" for this five-in-one bassinet, one of several which had to be added to the nursery equipment to take care of the influx of new arrivals. One factor in this increase in confinement cases is the return of former patients who have been satisfied by the care and attention given them in the hospital. One woman, for instance, returned for the fifth time—for her fifth caesarian! Another factor is the growing confidence of the people. The hospital has been functioning for twelve years now—and "seeing is believing!"



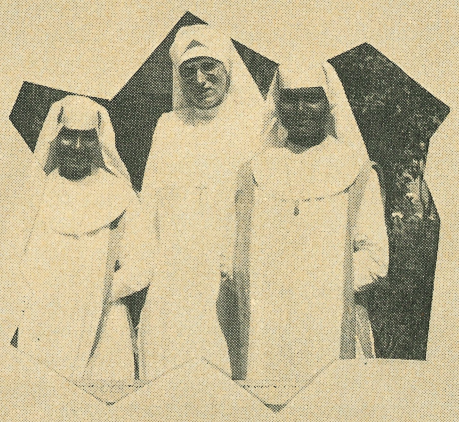
"Out-patients"—those who attended the hospital dispensary—numbered 26,673. Here we see two typical Mohammedan women who obligingly paused for a moment while the picture was snapped, before continuing on their way to the Holy Family Hospital in the background. The garb is characteristic of what the "well-dressed Mohammedan woman" MUST wear when she would a-walking go. The white, sheet-like garment which covers her almost from head to toe, is the "burka," a voluminous affair with either slits or a fine mask-like arrangement over the eyes to permit the wearer to see, but remain unseen. Mohammedan women may not be seen unveiled by men other than those of the household. Note how the woman in the rear holds the child—not even the hands may appear, but must remain hidden. Note also the long trousers, the curled up slippers reminiscent of "Arabian Nights," and the hem of the knee-length "blouse" worn over the trousers, on the woman in the foreground.

Nobody home? But Sister M. Magdalene does not look disappointed—perhaps she has not yet knocked. Home visits numbered 2,475. This includes prenatal and postnatal checkup, treatment of minor ailments and injuries, instruction of mothers, etc. Center workers attended 214 confinements in the home. In India the homes function on the "conjoint family system"—that is, when a son marries, he brings his wife to the home of his parents, and they all live under a single roof. When there are a number of sons, and when the generations extend to grand-child and even great-grand-child, one "family" may be quite extensive. The Sister who is called to a home to "visit a patient" rarely escapes without being called in for consultation by three or four—or seven—or ten—other members of the same family. Note the cow-dung cakes plastered on the wall of the house. They are left there to dry, and will later be used as fuel.

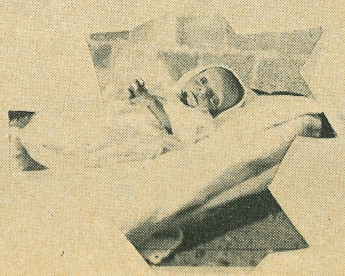


St. Francis Dispensary, some ten-minutes' ride by tonga—or bicycle—from the hospital, counted 5,508 visits. Mothers and children come in great numbers to avail themselves of the Sisters' care. Those shown in the picture are native Christians from the sweepers' compound. A great number of the dispensary clients suffer from one or another form of eye disease, which is a common complaint in the Punjab. Out of 25,000,000 inhabitants, 57,000 are totally blind! There are various causes: trachoma, glaucoma, smallpox—and not least, the neglect of simple eye ailments which develop into infections.

The two associates of Mary shown in this picture with Sister Margaret Mary, S.C.M.M., R.N., superior of Holy Family Hospital, are members of a native community founded by the Holy Cross Sisters in Bengal, and are the first graduates of the Holy Family Hospital Training School. They are now back in their native villages dispensing nursing care where previously there was none. Other members of the same community are now in the Training School, and in addition there are Sisters of a native community from Ajmer, of a native community from Patna, and a group of young Indian girls from South India who are preparing to be formed into a native branch of Medical Mission Sisters—19 native sisters in all being prepared to give professional medical aid. During the year, Sister Margaret Mary was appointed a member of the Punjab Council of Nurses and also of its Examining Board.



The Medical Mission Sister offers her service for the care of the sick, for the alleviation of pain, for the prevention of disease. And often her duties on her rounds of the hospital wards, on her visits to the huts of the poor, serve as a key to the opportunity to be "assistant to St. Peter." This year in Rawalpindi, 224 "tickets to heaven," as one of the Sisters has termed it, were issued by the Sisters "in articulo mortis."



Thou Art The Physician

"Setting Him Upon His Own Beast . . ." [Luke, x. 34]

by

Rev. Benedict Ehmann

We saw last month that the only one of the ten lepers who was thoughtful enough to return gratitude to Jesus after his cure, was a Samaritan.

It was a Samaritan, also, to whom Jesus gave the best role in His great parable on charity and mercy.

The old bitterness between the Jews and the Samaritans is so far back in history that it no longer means anything to us. In fact, I don't think the Samaritans even exist any more. But they were in a peculiar position: they lived right in the middle of Palestine, so that the northern Jews of Galilee who wanted to go to Jerusalem in the south had either to pass through Samaria, or go around it: they were despised as "a lesser breed, outside the Law" —in fact, they were a hybrid race, only part-Jewish.

Do you recall the surprise of the Samaritan woman when Jesus asked her for a drink at the well? And St. John's comment: "For the Jews do not communicate with the Samaritans?"

And yet in the Gospels the Samaritans always show up well: the grateful leper; the woman at the well, whom Jesus could lead along so easily from her carnal thoughts to a confession of faith which won from Him a direct revelation that He was the Messiah.

And now, in the parable, which gives us our meditation for this month, Jesus selects a Samaritan as the one who remembered the duty of mercy better than the Jewish priest and levite.

(It is as if Jesus, were He preaching this parable in our day, should select a Communist as His example.)

Isn't someone once supposed to have remarked that he would rather be a live Hottentot than a dead Englishman? Or have I quoted it wrong? At least, the idea was that, anyhow. Whatever is to be said for or against that attitude, it suggests a truth about a deeper matter—a matter that our Lord had very much at heart, and even John the Baptist before Him had warned about it. That truth is, that on the day of reckoning, it will be better to be found as a humble and merciful Samaritan than as a proud, smug Jew; better to be a sincere Communist than a purse-proud Catholic.

This does not fall into the trap of leveling true religion with false. It simply drives home the often neglected truth that it is rash judgment to assign salvation by labels; and that a man must show his true religion in the kind of life he lives.

The Good Samaritan did not quibble with casuistry: he saw a dying man on the roadside, and did what he could. He put himself out, even offering his own beast and delaying his errand to give relief.

The direct lesson which the Lord intended in this fine parable is pointed out by the question He put after He had finished: "Which of these three, in thy opinion, was neighbor to him that fell among the robbers?" And when the answer came, "He that showed mercy to him," Jesus said, "Go, and do thou in like manner."

Many of us forget the apostolate of mercy. We pass up scores of chances to help others. "It's too much trouble. I have other things to do." But after all, what are we meant to **be** here, if not beasts of burden? The true Christian must place the cross of the world on his shoulder, and help to redeem it by charity.

Are many of us at pains to find out some poor family, and to help keep it going with donations? Let good Uncle Sam be your courier, and don't sign your name. **"I was hungry, and you gave me to eat . . . naked, and you covered me."**

Couldn't more of us spend spare time looking up the sick in our hospitals who have no callers? **"I was sick and you visited me."**

Have we ever turned away the homeless with a short word? **"I was a stranger, and you took me in."**

Have we ever taken an interest in prisoners? . . . not the distasteful kind of uplift work, but friendly contact which may help to keep alive some spark of goodness under all the ashes of sin and crime. "What good does it do?" Perhaps none that you can see: but we should let God take care of that. A German Communist has this to say about the priests who came to him in prison: "I was surprised to find how close the minds and hearts of these soldiers of God were to the minds and hearts of the German masses. Not one of these priests ever gave me the impression that I was dealing with an opportunist or a hypocrite. I found in them keen-eyed, warm-hearted and understanding crusaders for human rights." . . . **"I was in prison, and you came to me."**

Of course, all this means "botheration." But who ever said that religion should make us comfortable? That is a travesty of religion. The great Baron von Hugel said to his niece: "Religion has never made me comfy. I have been in the deserts ten years. All deepened life is deepened suffering, deepened dreariness, deepened joy. The final note of religion is joy."

So, if we take the broken and the wounded, and put them on our beast of burden, and care for them, our mercy (which, in the state of grace, is one with Christ's) will heal their souls and ease their bodies. Christ has made us co-workers of the Redemption. Every kind word, every merciful act, helps to redeem our needy fellow-man.

Remember: we bear within us, by grace, that Saviour who became our beast of burden, and placed upon Himself our iniquities and griefs. In us now, He desires to pour the oil and wine of His mercy into the wounds of our fellow-men. We are the mouth and hands and feet of the Divine Samaritan. If we pass up our needy and broken neighbor, we keep this Good Samaritan locked within our selfish hearts.

Knights of Today

MEDICAL WORK OF THE KNIGHTS HOSPITALLERS OF SAINT JOHN OF JERUSALEM, by Edgar Erskine Hume. Johns Hopkins Press, Baltimore, Maryland. 1940. $3.00.

The Knights Hospitallers of Saint John of Jerusalem, now known as the Sovereign Order of Malta, were founded in the latter half of the eleventh century for the care of the needy sick, without any thought of the Order becoming military in character. However, the Knights early found it necessary to defend their hospitals and patients against the enemies of our Faith and so they became the first organized military medical officers. In the early days of their foundation, the members took the usual vows of religion and united with them the practice of medicine and the care of the sick under the protection of the Precursor.

The exact date of the foundation of the Order is unknown, but the founder was Blessed Gerard, a native of either Provence or Belgium, who had accompanied Godfrey during the First Crusade, and it is known that the Blessed Brother was in charge of the hospital in 1099 when Godfrey's army captured Jerusalem.

From its inception, the hospital received all needy patients, Mohammedans as well as Christians. After the battle of Tiberias in 1187, the Knights were obliged to leave Jerusalem, and they established themselves in Syria where they continued their works of mercy. In 1191 when the Christians captured Acre, the Knights founded a hospital there. They also established hospitals throughout Europe, and since the belief was then prevalent that "heaven had marked out for vengeance those who fell sick," the Christian teaching, as exemplified by the Knights, was a welcome relief to the sufferers.

The statutes of the Order, in the early twelfth century, have perhaps the earliest known reference to beds being provided for patients. It was forbidden to crowd two or more patients into one bed! And in the hospital in Malta we find rooms containing only two patients, with two beds for each patient, for change! The beds in their hospitals were canopied, and in summer mosquito-nets were used. Tapestries were hung in the room for the sake of warmth. Linen was changed as often as necessary, "even more than once a day if this be required." Physicians were always in attendance and were obliged to visit the patients at least twice a day. Assistants, comparable to our internes, visited the sick also and reported to the chief physicians. The Grand Master of the Order himself was obliged to visit them every Friday, and the director of the hospital every day. Surgeons were likewise in attendance and it is said that modern ophthalmology began with the work of the surgeons at Malta. Apothecaries compounded drugs and medicines to the physicians' orders and the food was always served "according to the physician's requirements." At the head of the bed there was a board "on which the doctor's orders were enscribed." So our charts of the twentieth century are not so new after all!

The regulations of the Order required that the food served the sick be always of the best, and any shortage of food or supplies needed for the sick was always borne by the Knights themselves. Soul as well as body was cared

The Blessed Gerard, Founder and Rector of the Order of the Hospitallers of Saint John of Jerusalem

Courtesy Johns Hopkins Press

for, for we find in their earliest Rule "when the sick man shall come let him partake of the Holy Sacrament, first having confessed his sins to the priest and afterwards let him be carried to bed, and there, as if he were a Lord, each day, before the brethren go to eat, let him be refreshed with food charitably, according to the ability of the House." "Our Lords, the Sick," were to be served with zeal and devotion, and nine sergeants were to be at their service "who should wash their feet gently and change their sheets and make their beds and administer to the weak necessary and strengthening food." Food was served to them on silver dishes— dishes that years later Napoleon confiscated and had melted into bouillon with which to pay his soldiers in the Egyptian campaign!

The hospitals that the Knights built in Rhodes and at Malta stand today as evidence that many of their ideas for caring for the sick were decidedly advanced. The very ill were separated from those convalescent, the surgical from the medical patients, the insane and syphilitic were kept entirely apart. Persons who had been exposed to the plague were isolated for a period of forty days. "The beds used by persons suffering from consumption and other similar complaints are burnt, with all the sheets and other things, without any reservation."

While the Order had some very large hospitals, they likewise had smaller ones scattered all over Europe and, made up as it was of Knights, scions of the most noble families, it never forgot its first duty. The patients were not "cases," but they were human beings in whom the Knights saw Christ; they were entitled to love and respect.

In the hospital at Malta there was also an out-patient department and a sort of "district nursing service." Two knights acted as supervisors and four elderly women assisted them. Charitable work was always done in secret to spare the feelings of the unfortunates and more than $15,000 a year was spent in this one phase of the work. And let it be remembered that the buying power of a dollar was far greater then than it is now! This was certainly a fore-runner of our modern welfare work.

Mass was celebrated daily in the great wards, and on Feast Days all attended. Every evening after Vespers the Knights repaired in procession to the hospital and prayed together with "Our Lords, the Sick, for Holy Mother Church, for all pilgrims and all Christians journeying by sea, for those who fell in battle, for their parents and benefactors, that God would send peace upon the earth and would multiply the fruits of the earth . . . " Truly was it said of the Knights that they were "lambs when the Church bell sounds; lions at the trumpet's blast."

One of the principal objectives in Malta was the study of anatomy, and it is noteworthy that in an era when dissection was discouraged or forbidden, their regulations required that the bodies of all who died in the hospital and the bodies of all the Knights, were to be dissected by the director of anatomical studies. They sent students to Florence to study anatomy at the Royal Hospital, and in 1772 even a young woman was sent to study surgery at the Order's expense!

In their mortuary, where bodies were always kept for twenty-four hours after death, straps were fastened to the hands and feet so that the slightest motion would set a bell ringing. Thus was prevented a living internment or dissection!

One of the important medical schools of the 18th century was founded by the Knights of Valletta, and this was the beginning of the present University of Malta.

Medical students of today will be interested to know that as early as 1682 students were granted licenses to practice medicine after having attended the hospital courses for not less than ten years.

The burial of the dead was governed by hygienic regulations long before they were in effect elsewhere. Cemeteries were provided outside the city and burial in other places was discouraged or forbidden.

The frontspiece of the book is a picture of the Order's most precious relic — the Hand of Saint John the Baptist, which is at present in Belgrade and was photographed for the first time for Dr. Hume. When Napoleon seized the treasures of the Order and expelled the Knights from Malta in 1798 he scorned this most precious treasure.

During all the wars that have been waged in Europe since, the Knights have been on hand to care for the sick and wounded. Their greatest opportunity for service came, of course, during the World War, and now they are once again in the field doing what they can for the alleviation of suffering caused by the present world conflagration.

In addition to their work in time of war, the Knights have helped during public calamities and emergencies, such as in floods and earthquakes. They have opened hospitals for delicate children, for incurables, and are engaged in combatting leprosy both in Europe and in mission countries. In 1935 they organized the Missionary Association of the Order of Malta, and among other works for the missions, they give a course of instruction in medicine and surgery to missionaries.

It is interesting to note that Our Holy Father is a member of the Order and that the present Grand Master was the guardian of the conclaves which elected the last three popes.

The Knights were founded originally to care for the sick and to defend them against the enemies of our Faith. Today they are carrying on their original mission, that of pity and the relief of human suffering, in Europe and in the vast mission fields of the Church, and by their prayers and sacrifices are defending their charges against the enemies of Christ.

Dr. Hume is to be congratulated on this interesting and scholarly piece of work, and the publishers on the attractiveness of the volume. — SISTER M. FRANCIS PATRICK.

April Soliloquy

It was Monday—no, Tuesday, the first—that we three
(The three being Paddy and Tilly and me)
Were out for a walk (it was such a fine day
And we needed the air), when behold! on our way
Through Pennyfold Park to the Picardy green
We encountered the quaintest queer creature we'd seen!
He had toes in his heels (and his heels were his toes),
And right in the back of his head was his nose!
And he kept running both of his hands through his hair,
But when you looked twice, why—his hands just weren't there!
He wanted to give us a ride in a car
But the car had no gears where the gears us'lly are!
(And I says to myself, "Tic, my laddie," says I,
"It isn't good manners to call folks a 'guy',
"And I'm not a mechanic, but a car rigged like that—
"Is a **shiftless** contraption to take up to bat!")

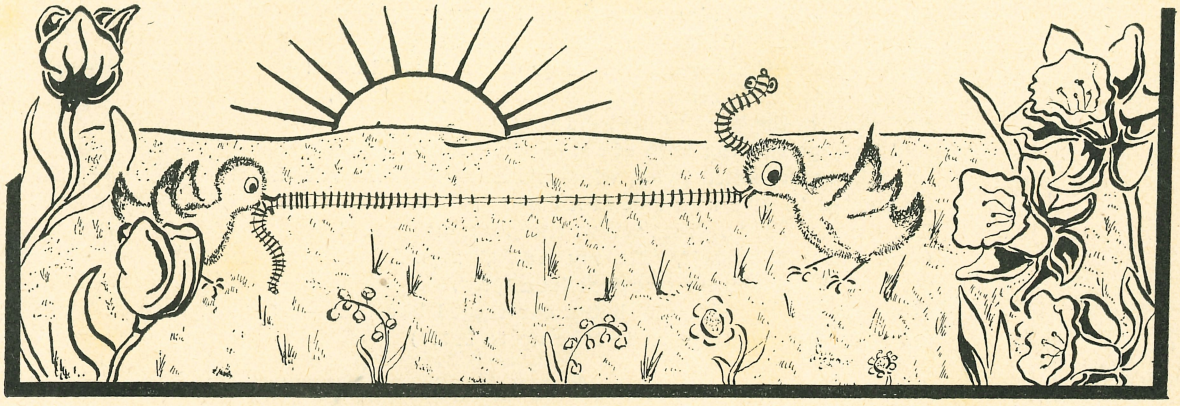
He wiggled and jiggled and pranced all around
Yet never a foot did he lift from the ground!
He got up ahead and he sat down to wait—
But without standing up he was standing up straight!
He pulled out a popgun—and gave us a fright
Till we saw (with relief) that the gun had no sight!
(And I says to myself: "Tic, my laddie," says I,
"Let that be a lesson, whatever you try,
"You'll never—no never!—come out in the game
"Regardless of guns—if you never take aim!")

You never saw such an eccentric young fellow!
His trousers were pink—and his vest was bright yellow!
His necktie and coat were a purple-ish hue,
His shoe-strings and socks of a heavenly blue!
He shone like a rainbow (but no pot o' gold)
You reached out to touch him but couldn't take hold—
And then—presto! Flash! He was gone out of sight
As complete as a shadow that's swallowed in night!

And Paddy, he sighed and said: "What an affliction!"
And, softly said Till: "He was just contradiction!"
But a voice just beside me said: "Tic, lad, keep cool!
"The fellow you saw was a poor April Fool!"
(And I says to myself, "Tic, my laddie," says I,
"I doubt you could help the poor fool if you'd try,
"April Fool he may be, but if I can remember
"I've seen his first cousins in June and December!
"So Tic, lad, aim up, and move on, or I fear
"You'll be just a machine that has got out of gear!")

—TIC

It's A Long Stretch . . . .



. . . . to reach each and everyone of you

with the wish of

All The Medical Missionaries:

That your Easter may be joyous with the fulness of joy which faith brings, and which you are helping us to carry to others through the Medical Mission Apostolate.